

State of Montana
Department of Natural Resources and Conservation (DNRC)

APPLICATION FOR SMZ ALTERNATIVE PRACTICE

Landowner: _____

Address: _____ Phone _____
Number: _____

Contractor: _____

Address: _____ Phone _____
Number: _____

Person Legally Responsible for Compliance with SMZ
Law: _____

Hazard Reduction Agreement (HRA)
Number: _____

Site Specific Alternative Practice
Requested: _____

Other Alternatives Considered and Justification for Proposed Alternative
Practice: _____

Planned Mitigation
Measures: _____

Starting Date: _____ Completion
Date: _____

Legal Description: _____ 1/4 Section Section Township Range County

Lineal Extent Along Stream: _____ SMZ
Width: _____

Stream Class (circle one): One Two Three

Wetlands Present ___ Yes ___ No

Include a topographic map showing the logging unit boundaries, alternative practice site, streams, wetlands, and existing and/or proposed roads. Also include a plan-view map of the alternative practice site, including location and distance to stream, SMZ boundary, location of mitigation measures, and extent of activity requiring an alternative practice.

Approved alternative practices, including any additional conditions approved by DNRC, shall have the same force and authority as the standards contained in 77-5-303, MCA, and shall be enforceable by DNRC under 77-5-3-305, MCA, to the same extent as such standards.

cc: Applicant, Unit Office, Land Office, Service Forestry Bureau Land Office